REPORT

1990 – 1991

Beth Israel Hospital Boston

Boston's Beth Israel Hospital, a 504-bed teaching hospital of Harvard Medical School, like all hospitals today, faces a growing list of pressures — an aging population with increasing complexity and acuity of illnesses, diminishing reimbursement for the cost of delivering care, escalating expenses, and the necessity to stay abreast of the technological advances that can improve quality and efficiency of care. In the midst of these pressures, our attention to our hospital's central mission must remain constant.

How can we provide the best possible medical care — both technologically and personally — to the nearly 30,000 inpatients and to the more than 200,000 individuals who visit our outpatient areas each year? How can we perfect the training of young physicians and other health care professionals — more than 1,200 students a year? And how can we foster the spirit of scientific inquiry that propels every major advance in patient care?

What distinguishes Beth Israel is not simply the challenge of integrating these diverse callings into one cohesive whole, but rather the hospital's determination to do it in a way that will define excellence today and tomorrow.

Beth Israel Hospital is located near Harvard Medical School in Boston's Longwood Medical Area, a concentrated neighborhood of biomedical research, patient care, and both medical and general education.

This continuing pursuit of improvement, reaching just beyond the farthest point in sight, requires both sound management and a compelling vision.

This report offers the perspectives of four who work to shape the Beth Israel of tomorrow — Edward H. Linde, chairman of Beth Israel's board of trustees; Mitchell T. Rabkin, MD, president; David Dolins, executive vice president and director; and Eugene C. Wallace, vice president, finance.

Here, they discuss some of the challenges before us today and give us a glimpse of the Beth Israel of tomorrow.

Building Tomorrow's Beth Israel

"There has to be a balance between the hospital's three major roles — patient care, teaching, and research. One of the secrets to our present worldwide reputation is that one area has not grown at the expense of another."

Beth Israel Hospital is a resource not only to those who walk through its doors, but also to the community locally, nationally, and internationally. As one of the major academic medical centers in the country, Beth Israel remains a leader in patient care, teaching, and research. In order to attract the resources necessary to maintain this significant position, we must carefully manage our fiscal health while ensuring that we continue to provide the highest quality services and programs.

Founded by the Jewish community 75 years ago, this major teaching hospital of Harvard Medical School has always been community-based. Beth Israel works to reach out to as broad a population as possible. Throughout our history, hospital staff, physicians, administrators, and board members have collectively worked to provide the services that the community wants and needs at any given time.

As we look to the year 2000, we see that the facilities of today will not meet the needs of the 21st century. There has been a great deal of forward thinking to establish what the next century demands of us, and how we can meet those demands.

Continued growth is very ambitious, but Beth Israel's experience shows that projects undertaken responsibly and with adequate planning have always been successful. This is the key to the hospital's long-term viability.

One of the most crucial roles of the board of trustees is to see that the hospital's financial affairs are managed prudently and responsibly. Another role is the flip side of the coin — how to raise the capital necessary to ensure that Beth Israel Hospital continues to prosper and to remain at the forefront of health care. The board is one of the most effective and powerful vehicles by which the hospital raises its equity.

Preparation for the year 2000 could easily entail more than $300 million worth of physical improvement over the next decade. We cannot allow the hospital to borrow a greater portion of this money than is prudent. Our responsibility as trustees is to raise a significant amount of equity through the generous support of individuals and our ability to reach out to the community at large.

Beth Israel Hospital's board of trustees has always recognized that events move in concert. There has to be a balance between the hospital's three major roles — patient care, teaching, and research. One of the secrets to our present worldwide reputation is that one area has not grown at the expense of another. Future growth must continue to balance this triad.

As we move through this fiscal year, we will embark on a fundraising campaign called Project 2000, to enable Beth Israel to take on the challenges of the next century and to continue to grow from strength to strength.

Edward H. Linde,
Chairman, Board of Trustees

Our Customers

Change is the order of the day. It has never been otherwise, of course, but the degree of change, its pace, and impact seem so much greater than ever before. Much is thrust upon us, as new diseases and societal conditions evolve, as cost and payment pressures inflate, as new technology commands our interest and motivation to provide the best. Some change we create ourselves, as we fashion new ideas and plans to meet our responsibilities in patient care, research, and teaching; we prefer to manage the future, and not sit passively as it descends upon us.

Three major clinical departments have begun forging their approaches to the future under new chairs: Dr. Robert M. Glickman, physician-in-chief and Herrman L. Blumgart Professor of Medicine; Dr. Benjamin P. Sachs, obstetrician/gynecologist-in-chief and associate professor of obstetrics and gynecology; and Dr. Edward Lowenstein, anesthetist-in-chief and professor of anesthesia. Physical growth in research, in the Research East building leased from Emmanuel College and in Research West atop the Sherman Building, symbolized gratifying advances in research performance in all sectors. Nursing continued to add luster to its national and international reputation and, more importantly, in the eyes of our patients. Throughout the hospital, department by department, recognition of their excellence came from many who used their services.

"Who are our customers? First, of course, the patient. But we have many other customers as well..."

Most gratifying, however, was the fact that at our hospital no one, and no department, would rest on its laurels. As an organization we deal in *services* — medical, surgical, nursing, food service, housekeeping, and many more. It is necessary but not sufficient to fashion each of these to our own satisfaction, to meet our own requirements as the professionals who produce these services. But we also deal in *service*, which for us means meeting and exceeding the expectations of our "customers." Who are our "customers?" First, of course, the patient. But we have many other customers, as well — the physician who refers a patient to Beth Israel, the physicians at Beth Israel who care for the patient, and the others among us who provide the many services offered by the modern teaching hospital. Other "customers" include the Beth Israel board of trustees, Harvard Medical School and its students, the community around us, and many more as well, not the least of which include Medicare and the federal government, Medicaid, a variety of health insurers, health maintenance organizations, and businesses that invest in their workers' health care.

And even while any of us at the hospital is providing a service one moment, we are likely the next moment to be customers of other Beth Israel departments. Trying to meet the expectations of all these customers, external and internal, is a daunting challenge. And since our goal in service — excellence — means not merely meeting but exceeding these expectations of customers, our work is cut out for us.

We believe that excellence in service is what *you* want; we know it is what *we* want and plan to deliver through a continuous effort of quality improvement, as we move toward the year 2000 and the ever-growing challenges ahead.

Mitchell T. Rabkin, MD

Mitchell T. Rabkin, MD
President

Managing Our Resources

The gains initiated in 1990 are visible in many areas both inside and outside the hospital. They range from a new 120-place child care center for hospital employees and staff to a major new financial commitment to fight inner-city infant mortality and a new 25-bed neonatal intensive care unit, now under construction. Our increased commitment to fight infant mortality also will be evident in our enhanced support of our affiliated community health centers, providing more physicians, nurses, social workers, nurse midwives, and outreach workers for the health centers' programs of care and education.

Nothing better signifies where Beth Israel is headed than its commitment to provide increased space for basic research. We have made a commitment to take 80,000 square feet in Olmsted Plaza, in what was formerly the Sears Building, and we have plans on the drawing boards that could accommodate additional research needs at a number of other sites, including The Clinical Center at the Massachusetts College of Art site, the new Southeast Building, planned to rise behind the Stoneman Building, and on other nearby parcels. What is not appreciated by many is that you must make space ready before you can attract new researchers. Research, in turn, leads to clinical breakthroughs and major improvements in patient care. Clearly a handsome payback for our investment.

"Nothing better signifies where Beth Israel is headed than its commitment to provide increased space for basic research... Research, in turn, leads to clinical breakthroughs and major improvements in patient care."

While we didn't meet our aggressive projections for inpatient admissions in fiscal year 1990, we nevertheless cared for more inpatients than ever before. The year's results need to be evaluated in the context of the shifting American health care scene. An increasing number of surgical procedures are being handled on an outpatient basis and now account for fifty per cent of our operating room activity. As one would expect, in 1990 it took many more ambulatory visits to account for one inpatient admission than it did in 1980.

On the management front, PREPARE/21, our participative management program, has had a good first year. We began to learn better where our problems are, in terms of our goal of continuous improvement in quality, and are now working toward solving them. It is clear that learning how to solve problems that cut across disciplines and departments needs to be high on our priority list. To assist in this effort our training department will focus on helping managers and supervisors learn how to manage participatively, how to facilitate meetings, and how to lead, and then empower their employees to be equally participative, within their own spheres of competence. The training and learning will never be over and we must be both persistent and patient.

I believe we will see continual progress with PREPARE/21; quality will improve each year. Perfection will never be reached, but it is a goal that must always be sought.

David Dolins

David Dolins,
Executive Vice President and Director

Fiscal Responsibility

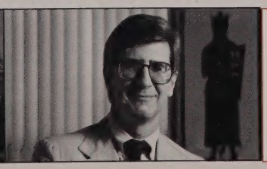
Beth Israel entered the 1990s with a strong financial position and a positive bottom line. In fact, fiscal year 1990 was one of the best the hospital has experienced, ending with an operating gain of $4.8 million. The good year of 1990 allowed us to be more responsive to community and clinical needs than would otherwise have been possible. We improved many existing programs to enhance the quality of our service, brought on line two new research areas, and began construction on our new child care center, which opened in April, 1991.

Yet as we work through fiscal year 1991 and develop a budget for 1992, pressures are closing in from all around. We continue to walk a tightrope, with service quality on one side of the balance, and financial viability on the other. Our challenge is to do even more to contain our costs while at the same time meeting the needs of our community to help combat major societal problems. These include high infant mortality in the inner city; the growing problems of AIDS, substance abuse, and urban violence; the fact that the federal government is singling out teaching hospitals for Medicare cutbacks; a state budget deficit that will more than likely lead to further cuts in Medicaid payments to health care providers; and growing cost-containment pressures from health maintenance organizations and other third-party payers.

Despite these challenges, we have a continuum of excellence that must be maintained. But if we are to stay as good as we are, we also have to remain competitive and have some ability to grow. The role of a nonprofit institution is both to serve its community and to make sure that there's enough money left over at the end of the year to replace worn-out equipment, to acquire needed new equipment, to modernize and expand our facilities, and to foster and develop new technology that can be used to train the doctors and other health professionals of tomorrow. As more care moves into the office setting, for example, we must make a major teaching thrust into that area, yet we have not had a major expansion of our ambulatory space in over 20 years. All of this takes money, and the more we can generate ourselves, the less we must depend on philanthropy. In order to fund our proposed building projects, however, including the new neonatal intensive care unit, the Southeast Building expansion, and The Clinical Center at the Massachusetts College of Art site, we recognize that our pursuit of philanthropy will surely increase, and our need to be ever more productive and efficient will be crucial.

There is reason for optimism despite these formidable challenges. We have the tools in place. PREPARE/21, our participative management program, has brought a heightened awareness among employees regarding the importance of our customers and their needs; that recognition is the fundamental basis of our drive for continuous quality improvement. Through the 1980s, it was better to be a patient at Boston's Beth Israel than anywhere else, and we must ensure that this remains true through the '90s and beyond.

"In order to fund our proposed building projects...we recognize that our pursuit of philanthropy will surely increase, and our need to be ever more productive and efficient will be crucial."



Eugene C. Wallace

Eugene C. Wallace,
Vice President, Finance

for the fiscal years ended September 29, 1990, and October 1, 1989

SUMMARY STATISTICS

	1990	1989
Patient days		
Adult	**152,422**	156,493
Newborn	**19,536**	19,838
TOTAL PATIENT DAYS	**171,958**	176,331
Admissions		
Adult	**23,382**	22,973
Newborn	**6,021**	5,951
TOTAL ADMISSIONS	**29,403**	28,924
Number of Ambulatory Visits		
Healthcare Associates, Women's Health Associates, Medical Walk-In Center	**61,639**	57,270
Specialty	**80,131**	80,743
Psychiatry	**23,582**	24,454
Emergency Unit	**37,270**	38,830
TOTAL AMBULATORY VISITS	**202,622**	201,297
Number of Adult Beds Available	**504**	504
Number of Surgical Cases	**12,292**	12,142
Number of Deliveries	**5,755**	5,700

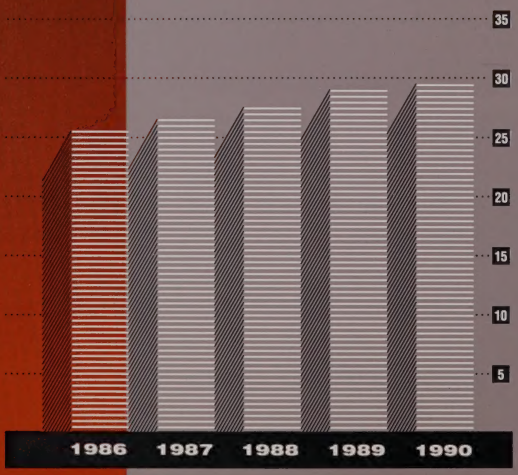
THIS REPRESENTS THE TOTAL NUMBER OF DAYS ALL OF OUR PATIENTS WERE HOSPITALIZED.

THIS REPRESENTS PATIENTS WHO WERE ADMITTED TO THE HOSPITAL FOR CARE.

THE TOTAL NUMBER OF PATIENTS WHO DID NOT REQUIRE OVERNIGHT HOSPITALIZATION IS REFLECTED HERE.

TOTAL ADMISSIONS

(in thousands)



for the fiscal years ended September 29, 1990, and October 1, 1989

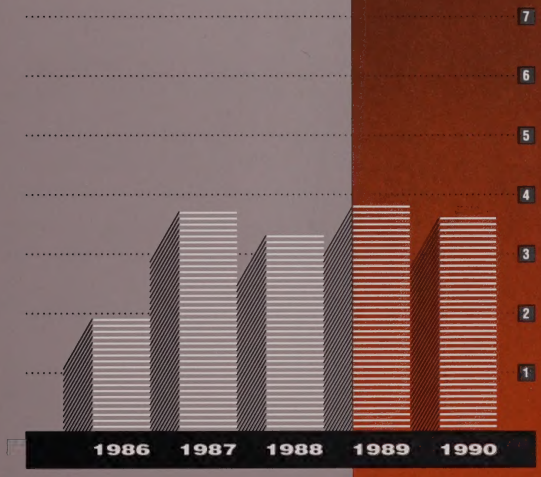
STATEMENT OF RESTRICTED GIFTS AND BEQUESTS RECEIVED

(in thousands)	**1990**	1989
Restricted Gifts and Bequests		
Endowment Funds	**$ 2,549**	$ 2,543
Plant Expansions and Development Funds		
New Pledges	**490**	1,060
Special Purpose Funds	**548**	298
TOTAL RESTRICTED GIFTS AND BEQUESTS	**$ 3,587**	$ 3,901

WHEN A DONOR SPECIFIES A RESTRICTION TO A GIFT, IT IS REPORTED HERE AND IS THEN ADDED TO THE PRINCIPAL AMOUNT IN THE APPROPRIATE CATEGORY.

TOTAL RESTRICTED GIFTS AND BEQUESTS

(in millions)



THESE AMOUNTS ARE AWARDED TO THE HOSPITAL TO FUND SPECIFIC RESEARCH EFFORTS. ALMOST 50 PER CENT COMES FROM THE NATIONAL INSTITUTES OF HEALTH AND THE BALANCE FROM PRIVATE FOUNDATIONS, INDUSTRY, AND DONORS. OVER 350 RESEARCH PROJECTS WERE FUNDED IN 1990.

for the fiscal years ended September 29, 1990, and October 1, 1989

STATEMENT OF REVENUE AND EXPENSES

(in thousands)	1990	1989
Revenue from Services to Patients	$239,013	$215,922
Other Operating Income	13,564	12,263
Research Support from Grants and Contracts	34,227	30,222
TOTAL INCOME	**$286,804**	$258,407
Operating Expenses	226,231	210,301
Research Expenses	34,319	30,283
Free Care and Bad Debts	21,422	16,995
TOTAL EXPENSES	**$281,972**	$257,579
Gain (or Loss) from Operations	4,832	828
Nonoperating Revenue		
Contributions from Combined Jewish Philanthropies	200	200
Endowment Fund Income	1,160	1,317
Annual Appeal	1,074	815
Friends of Beth Israel	32	40
Unrestricted Investments	20	47
Investment Income	4,457	3,329
TOTAL NONOPERATING REVENUE	**$ 6,943**	$ 5,748
EXCESS OF REVENUE OVER EXPENSES	**$ 11,775**	$ 6,576

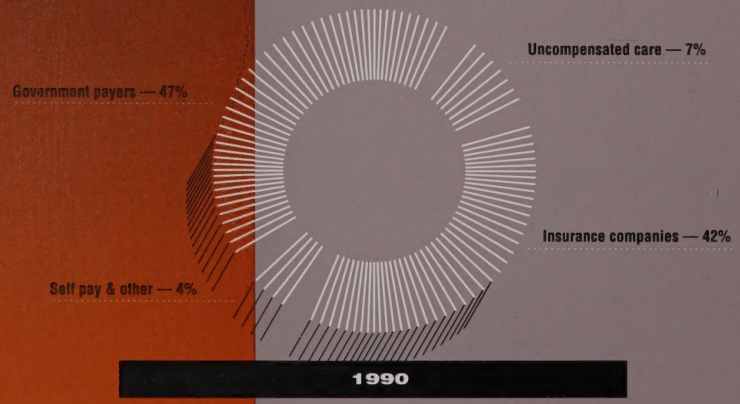
ALSO CALLED UNCOMPENSATED CARE, THIS REPRESENTS THE MONEY NOT COLLECTED FROM PATIENTS BECAUSE OF THEIR INABILITY TO PAY (FREE CARE) OR THEIR UNWILLINGNESS TO PAY (BAD DEBTS).

THIS CATEGORY OF INCOME INCLUDES THE SUPPORT WE RECEIVE FROM VARIOUS DONORS PLUS THE EARNINGS ON ANY INVESTMENT FUNDS.

THE GAIN OR LOSS IS THE BALANCE OF MONEY REMAINING AFTER ALL EXPENSES HAVE BEEN SUBTRACTED FROM TOTAL INCOME. PROFITS ARE INVESTED BACK IN THE HOSPITAL, STRENGTHENING IT FOR THE FUTURE.

REVENUE BY PAYER

(percentage)



as of September 29, 1990, and October 1, 1989

CONSOLIDATED BALANCE SHEET

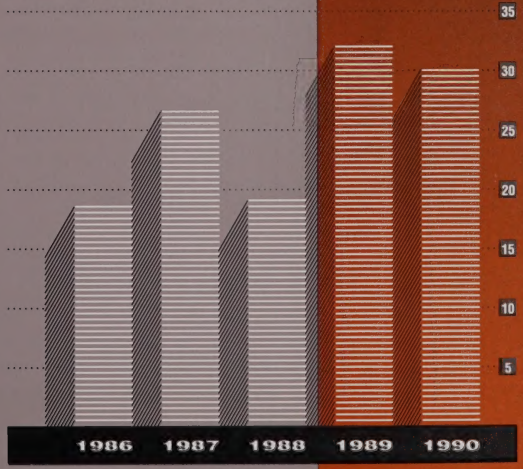
(in thousands)	1990	1989
Assets		
Cash and other Investments		
Unrestricted	$ 46,685	$ 34,379
Held by Trustees	26,077	36,648
Restricted	55,615	49,412
Accounts, Grants, and Pledges Receivable, Net	72,298	62,447
Other Assets	20,581	19,321
Net Property, Plant, and Equipment	164,552	153,687
TOTAL ASSETS	$385,808	$355,894
Liabilities and Fund Balances		
Accounts Payable	$ 16,190	$ 17,006
Notes Payable	23,010	24,858
Accrued Liabilities	12,126	11,716
Other Liabilities	37,963	23,594
Bonds Payable HEFA	121,129	123,426
Fund Balances		
Unrestricted	52,802	39,981
Plant Fund	46,996	46,249
Special Purpose	19,264	16,880
Plant Expansion	19,864	19,167
Endowment	36,464	33,017
TOTAL FUND BALANCES	$175,390	$155,294
TOTAL LIABILITIES AND FUND BALANCES	$385,808	$355,894

THESE DOLLARS ARE CURRENTLY DUE TO BE PAID (BY MEDICARE, MEDICAID, INSURANCE COMPANIES, HEALTH MAINTENANCE ORGANIZATIONS, AND INDIVIDUALS) FOR MEDICAL SERVICES ALREADY RENDERED. IF WE ARE NOT PAID IN A TIMELY MANNER, THE HOSPITAL MUST BORROW MONEY TO COVER ITS COSTS.

THESE AMOUNTS ALLOW US TO KEEP EQUIPMENT AND BUILDINGS CURRENT — INVESTMENTS IN OUR FUTURE.

CAPITAL EXPENDITURE

(in millions)



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● *Newly elected on January 1, 1991*

▲ *Re-elected on January 1, 1991*

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Produced by Beth Israel Public Affairs

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Design: Corey McPherson Nash

Photography: Louis Davis, Beth Israel Photographic Services, Michael Lutch

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